



**Homeowner Quotation
Work Sheet**

Name of Insured: _____

Address: _____

Phone Number – Home: _____ Work: _____

Locations: _____

His:		Hers:	
Social Security #		Social Security #	
Date of Birth		Date of Birth	
Occupation		Occupation	

Coverages:		Other Information:	
Dwelling		Year Built	
Other Structures		Square Footage	
Personal Property		Foundation Type	
Add'l Living		Fireplace	
Liability		Woodstove	
Medical		Attached Garage	# of Cars
Deductible		Roof Type	
		Pool If/Yes	
		Diving Board or Slide	
Prior Losses	Describe in Comments	Pets If Yes	
Need 5 Year History		Breed/Number	
Show date/type/amount paid		Trampoline	
		# of Stories	
		# of Bathrooms	

Credits		Homes Over 25 Years Old	(Year Updated)
Burglar Alarm		Wiring	
Local or Central		Circuit Breakers or Fuses	
Smoke Detectors		Heating - Type	
How Many		Heating - Age	
Feet to Hydrant		Roof	
Miles to Fire Station		Plumbing	

****PHOTO REQUIRED FOR ALL BUSINESS****

Comments:

Date needed by: _____

